

CORRES CONTROL
OUTGOING LTR #

DE ORDER #

05-RF-00900

DIST LTR ENC

SOCKETT, G		
RRERA, D.W.	X	X
LPIN, H.E.		
NG, J.W.		
DSAY, D.C.		
ELTON, D.C.		
OR, N.R.		
YDER, D		
GRORY, M		
AN, C.		
SINBIGLER, H		
STA, S.	X	X
IMROSE, A		
EMELT, K		
BERTS, F	X	X
BLE, J.	X	X
HWEG, R. E.	X	X
INGER, R.	X	X

September 26, 2005



05-RF-00900

John J. Rampe, Director
Project Management Division
DOE, RFPO

Attn.: C. Franklin

MONTHLY DISCHARGE MONITORING REPORT - NPDES PERMIT NO. CO-0001333 - DWF-102-05

Action: Transmit to EPA and CDPHE

The September 2005 Discharge Monitoring Report (DMR), required by the Rocky Flats Environmental Technology Site National Pollutant Discharge Elimination System (NPDES) Permit is enclosed. During the September 2005 reporting period, there was no discharge from the Sewage Treatment Plant (Outfall STP 1), which is indicated on the forms. As directed by the form instructions, "No Discharge" is written across the form in place of data entry.

On November 24, 2004, the co-permittees provided formal notification to Environmental Protection Agency (EPA) of the abandonment of Outfall STP1 and requested agency action to remove the outfall from the current permit. Until that action is taken, the requirement to submit monthly reports remains in effect. Once agency action is taken, the requirement for monthly reports will be removed.

CORRES CONTROL X X

VN RECORD X X

STE REC CTR

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CLASSIFICATION:

SI

CLASSIFIED

CONFIDENTIAL

RET

AUTHORIZED CLASSIFIER

SIGNATURE:

REPLY TO RFP CC #:

ACTION ITEM STATUS:

PARTIAL/OPEN

CLOSED

LTR APPROVALS:

(Name)

(Name)

SIG. & TYPIST INITIALS:

JC:rlm

Letter # DWF-102-05

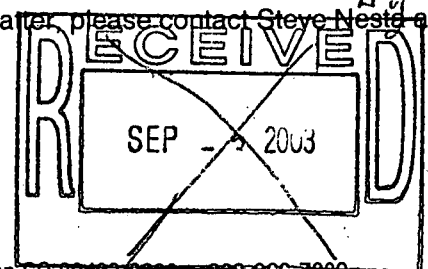
U.S. E.P.A., Region VIII
Office of Enforcement, Compliance and
Environmental Justice
Planning and Targeting (8ENF-PT)
999 - 18th Street, Suite 500
Denver, CO 80202-2466

Colorado Department of Public Health and
Environment
WQCD - PWQPS - B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Attn: Ms. Sandra Johnson

Attention: Mr. Dave Akers, Manager

If you have any questions or desire additional information on this matter, please contact Steve Nestor at extension 303-966-6386.



Kaiser-Hill Company, L L C

Rocky Flats Environmental Technology Site, 10808 Hwy. 93 Unit B, Golden CO 80403-8200 303-966-7000

ADMIN RECORD

IA-A-002844

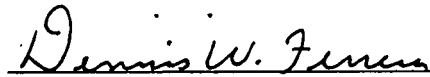
September 26, 2005

John J. Rampe

DWF-102-05

Page 2 of 2

We certify under penalty of law that this document and all enclosures were prepared under our direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on our inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of our knowledge and belief, true, accurate, and complete. We are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



Dennis W. Ferrera
Vice President, Project Manager
Remediation, Industrial, and Site Services
Project
Kaiser-Hill, L.L.C.



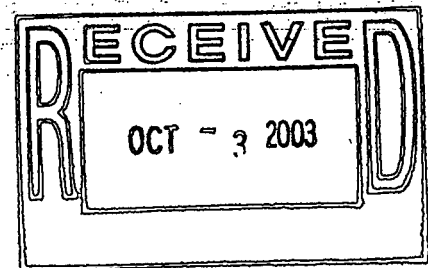
Frances L. Roberts
General Manager
Rocky Flats Closure Site Services, L.L.C.

JRC:rlm

Enclosure:
As Stated

Original and 1 cc – John J. Rampe

cc: C. Franklin, DOE/RFPO



ADMIN RECORD

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME

ADDRESS

CITY

STATE

ZIP

FACILITY LOCATION

PERMIT NUMBER

MONITORING PERIOD
YEAR MO DAY
TO YEAR MO DAY

DISCHARGE NUMBER

ATTN: Mr. [Name]

NO. DISCHARGES

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
P/F START 7 DAY AVERAGE	SAMPLE MEASUREMENT									GTRLY COMPOS
CERIODAPINIA	PERMIT REQUIREMENT									
TOMAD 1 0 0	PERMIT REQUIREMENT									
EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT									
P/F START 7 DAY AVERAGE	SAMPLE MEASUREMENT									GTRLY COMPOS
PINEPHALLS PROMELLAS	PERMIT REQUIREMENT									
TONGO 1 0 0	PERMIT REQUIREMENT									
EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT									
P/F START 7 DAY AVERAGE	SAMPLE MEASUREMENT									GTRLY COMPOS
CERIODAPINIA	PERMIT REQUIREMENT									
TOMAD 1 0 0	PERMIT REQUIREMENT									
EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT									
P/F START 7 DAY AVERAGE	SAMPLE MEASUREMENT									GTRLY COMPOS
PINEPHALLS PROMELLAS	PERMIT REQUIREMENT									
TONGO 1 0 0	PERMIT REQUIREMENT									
EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME

ADDRESS

CITY

STATE

ZIP

ATTN: USE LEADERS ASSIST

LOCATION

FACILITY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM

TO

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NOTE: Read instructions before completing this form.

NO DISCHARGE

CH OF FROM EVAL

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OR

OMB No. 2040-0004

Form Approved

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Form Approved.
OMB No. 2040-0004

DISCHARGE NUMBER	
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NOTE: Read instructions before completing this form.

NOTE: Read instructions before completing this form.

[illegible]

THIS IS A 4-PART FORM PAGE OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME 05.0000000000000000
ADDRESS 100000000000000000
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

FACILITY LOCATION 05.0000000000000000
000000000000000000

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	00	00	00	00	00

JOR

- FINAL

DISCHARGE POINT NEWA 1. TRMT PLT

** NO DISCHARGE **
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITROGEN, TOTAL (TDS)	SAMPLE MEASUREMENT										
00020	PERMIT REQUIREMENT						REPORT			TWICE/COMPOSE	
EFFLUENT GROSS VALUE							WEEKLY MX			WEEK	
PHOSPHORUS, TOTAL	SAMPLE MEASUREMENT										
00065	PERMIT REQUIREMENT						30DA			TWICE/COMPOSE	
EFFLUENT GROSS VALUE							WEEKLY MX			WEEK	
CHROMIUM, TOTAL RECOVERABLE	SAMPLE MEASUREMENT										
01119	PERMIT REQUIREMENT						30			TWICE/COMPOSE	
EFFLUENT GROSS VALUE							WEEKLY MX			MONTH	
CHROMIUM, HEXAVALENT DISSOLVED (AS CR)	SAMPLE MEASUREMENT										
01220	PERMIT REQUIREMENT						30DA			SEE GRAB	
EFFLUENT GROSS VALUE							WEEKLY MX			PERMIT	
SILVER, POTENTIALLY DISSOLVED	SAMPLE MEASUREMENT										
01304	PERMIT REQUIREMENT						30DA			WEEKLY COMPOSE	
EFFLUENT GROSS VALUE							WEEKLY MX			WEEK	
CARBON TETRACHLORIDE	SAMPLE MEASUREMENT										
02102	PERMIT REQUIREMENT						5			ONCE/GRAB	
EFFLUENT GROSS VALUE							WEEKLY AVG			MONTH	
1,2-DICHLOROTHANE	SAMPLE MEASUREMENT										
02103	PERMIT REQUIREMENT						5			ONCE/GRAB	
EFFLUENT GROSS VALUE							WEEKLY AVG			MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

TYPED OR PRINTED

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO DISCHARGE OCCURS DURING THE PERIOD

ATED THAT NO DISCHARGE OR OVER

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME USE 1000 PLATS E
ADDRESS 1000 PLATS E
GULF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

OR

FACILITY
LOCATION USE 1000 PLATS E
GULF

ATTN: JOE LUCAS, ASST. MGR.

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
03	09	01			

FINAL
CHARGE FROM REMAINING PERMIT

NO DISCHARGE
NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	PERMIT REQUIREMENT										
04030	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
1,1-DICHLOROBETHYLENE	PERMIT REQUIREMENT										
04501	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
1,1,1-TRICHLOROETHANE	PERMIT REQUIREMENT										
04506	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
DICHLOROBETHYLENE, 1,2-	PERMIT REQUIREMENT										
05676	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
TRICHLOROETHYLENE	PERMIT REQUIREMENT										
09180	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT	PERMIT REQUIREMENT										
00050	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
COLIFORM, TOTAL	PERMIT REQUIREMENT										
GENERAL	PERMIT REQUIREMENT										
04035	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

NO DISCHARGE OCCURS
FLOW

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME USDOE-ROCKY FLATS
ADDRESS 10808 HIGHWAY 93, UN
GOLDEN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

CD0001333
PERMIT NUMBER

DISCHARGE NUMBER

FACILITY USDOE-ROCKY FLATS
LOCATION GOLDEN

ATTN: JOE LEGARE, ASST NG

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
05	09	01	05	09	01

FINAL
DISCHARGE FROM SEWAGE TRMT PLT

NO DISCHARGE 1 1 ***
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
GROSS BETA	SAMPLE MEASUREMENT	***	*****							
85817 1 0 9	PERMIT REQUIREMENT	*****	*****		*****	*****				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, I SHALL STATE THAT NO DISCHARGE OR OVER FLOW OCCURRED.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME
USDOE-ROCKY FLATS
ADDRESS 10808 HIGHWAY 195, UNIT 1
GOLDEN

PERMIT NUMBER

000001338

DISCHARGE NUMBER

1

FACILITY USDOE-ROCKY FLATS
LOCATION GOLDEN
ATTN: JOE LEGARE, ASST MGR

CO 80001-8000 FROM

MONITORING PERIOD
YEAR MO DAY
05 09 09

DISCHARGE FROM SEWAGE TRMT PLT
NO DISCHARGE

Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
ALPHA, GROSS PARTICULATE ACTIVITY	PERMIT REQUIREMENT	***	*****		***			17	3
80045 1 0 0	PERMIT REQUIREMENT	***	*****		***			17	3
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	*****		***			19	3
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	***	*****		***			19	3
05 DAY, 20C	PERMIT REQUIREMENT	***	*****		***			19	3
80082 0 0 0	PERMIT REQUIREMENT	***	*****		***			19	3
RAW SEM/INFLUENT	PERMIT REQUIREMENT	***	*****		***			19	3
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	***	*****		***			19	3
05 DAY, 20C	PERMIT REQUIREMENT	***	*****		***			19	3
80082 1 0 0	PERMIT REQUIREMENT	***	*****		***			19	3
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	*****		***			19	3
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	***	*****		***			19	3
PERCENT REMOVAL	PERMIT REQUIREMENT	***	*****		***			19	3
80358 0 0 0	PERMIT REQUIREMENT	***	*****		***			19	3
PERCENT REMOVAL	PERMIT REQUIREMENT	***	*****		***			19	3
PERCENT REMOVAL	PERMIT REQUIREMENT	***	*****		***			19	3
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	***	*****		***			19	3
PERCENT REMOVAL	PERMIT REQUIREMENT	***	*****		***			19	3
81011 0 0 0	PERMIT REQUIREMENT	***	*****		***			19	3
PERCENT REMOVAL	PERMIT REQUIREMENT	***	*****		***			19	3
OIL AND GREASE	SAMPLE MEASUREMENT	***	*****		***			19	3
VISUAL	PERMIT REQUIREMENT	***	*****		***			19	3
84056 1 0 0	PERMIT REQUIREMENT	***	*****		***			19	3
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	*****		***			19	3
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	***	*****		***			19	3
85814 1 0 0	PERMIT REQUIREMENT	***	*****		***			19	3
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	*****		***			19	3
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who managed the collection of the information, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	IF NO DISCHARGE OCCURRED DURING THE MONITORING PERIOD, I SHALL BE NOTIFIED THAT NO DISCHARGE OR OVER FLOW OCCURRED.								
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
AREA CODE	NUMBER	YEAR	MO	DAY	DATE				